

DEC 15 2005

400 Garden City Plaza - Suite 300  
Garden City, New York 11530  
(516) 742-4343 - Telephone  
(516) 742-4366 - Facsimile  
e-mail: intprop@ssmp.com

**SCULLY, SCOTT, MURPHY  
& PRESSER**

# Fax

<b>To:</b>	Examiner Beverly Meindl Flanagan	<b>From:</b>	Steven Fischman
<b>Fax:</b>	(571) 273-8300	<b>Pages:</b>	11 pages including cover sheet
<b>Phone:</b>		<b>Date:</b>	12/15/2005
<b>Re:</b>	U.S. Serial No: 10/628,628 Group Art Unit: 3739 Confirmation No: 4908 Docket No: 14357A	<b>CC:</b>	

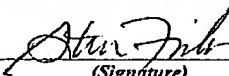
☐ **Urgent**    ☐ **For Review**    ☐ **Please Comment**    ☐ **Please Reply**    ☐ **Please Recycle**

● **Attached hereto:**


1. Certificate of Transmission by Facsimile
2. Amendment Transmittal Letter (in duplicate)
3. Response Under 37 C.F.R. §1.111
4. Authorization to charge deposit account

**CONFIDENTIALITY:** The documents accompanying this facsimile transmission may contain information which is either confidential or legally privileged and is intended only for the authorized use of the individual or entity named above without right or publication or republication, dissemination or disclosure except as expressly set forth or established by course of dealing. All rights are reserved. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the contents of this facsimile is prohibited. If you received this transmission in error, please notify us immediately by telephone to arrange for return of the documents.

If you have any problems concerning this facsimile, please call (516) 742-4343 and ask for Grace Colucci at ext. 590 or via e-mail at gcolucci@ssmp.com.


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 14357A
Applicant(s): Tomohisa Sakurai, et al.			
Application No. 10/628,628	Filing Date July 28, 2003	Examiner Beverly Meindl Flanagan	Group Art Unit 3739
Invention: SURGICAL OPERATION SYSTEM			
Confirmation No: 4908			
<p>I hereby certify that this _____ RESPONSE UNDER 37 C.F.R. §1.111 <i>(Identify type of correspondence)</i> is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(571) 273-8300</u>) on December 15, 2005 <i>(Date)</i></p> <p style="text-align: right;">Steven Fischman _____ <i>(Typed or Printed Name of Person Signing Certificate)</i>  _____ <i>(Signature)</i></p> <p>Note: Each paper must have its own certificate of mailing.</p>			

DEC 15 2005

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>14357A</b>	
Applicant(s): Tomohisa Sakurai, et al.						
Application No. <b>10/628,628</b>	Filing Date <b>July 28, 2003</b>	Examiner <b>Beverly Meindl Flanagan</b>	Customer No. <b>23389</b>	Group Art Unit <b>3739</b>	Confirmation No. <b>4908</b>	
Invention: <b>SURGICAL OPERATION SYSTEM</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	14 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-1013/SSMP</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature			Dated: <b>December 15, 2005</b>			
<b>Steven Fischman</b> <b>Registration No. 34,594</b>  <b>SCULLY, SCOTT, MURPHY &amp; PRESSER</b> <b>400 Garden City Plaza, Suite 300</b> <b>Garden City, New York 11530</b> <b>(516) 742-4343</b>			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence			
CC:						

P11LARGE/REV09

DEC 15 2005

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>14357A</b>	
Applicant(s): <b>Tomohisa Sakurai, et al.</b>					
Application No. <b>10/628,628</b>	Filing Date <b>July 28, 2003</b>	Examiner <b>Beverly Meindl Flanagan</b>	Customer No. <b>23389</b>	Group Art Unit <b>3739</b>	Confirmation No. <b>4908</b>
Invention: <b>SURGICAL OPERATION SYSTEM</b>					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	14 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-1013/SSMP</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 Signature			Dated: <b>December 15, 2005</b>		
Steven Fischman Registration No. 34,594  SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza, Suite 300 Garden City, New York 11530 (516) 742-4343			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p style="text-align: center;">(Date)</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>		
cc:					

P11LARGE/REV09

RECEIVED  
CENTRAL FAX CENTER

DEC 15 2005

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant(s):** Tomohisa Sakurai, et al.

**Examiner:** Beverly Meindl Flanagan

**Serial No:** 10/628,628

**Art Unit:** 3739

**Filed:** July 28, 2003

**Docket:** 14357A

**For:** SURGICAL OPERATION SYSTEM

**Dated:** December 15, 2005

**Confirmation No:** 4908

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE UNDER 37 C.F.R. §1.111**

In response to the Official Action issued September 16, 2005, Applicants respectfully request the Examiner to reconsider the application in view of the following amendments and remarks.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

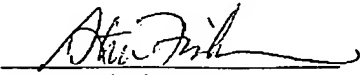
Remarks begin on page 6 of this paper.

---

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Dated: December 15, 2005

  
Steven Fischman